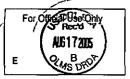


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUE DED						
1 File Number U 9/00			2 Fiscal Year Covered From			
			1/1/5	Through	12/31/2004	
3 Name and address of person filing			4 Name file number and address of labor organization			
Name DAVID R HICKEY			Name UNITED FEDERATION OF TEACHERS			
		Labor	Organization File Nu	imber 663-97	24	
P O Box Bldg Room No If any			P O Box Building and Room Number if any			
Street 17 STONE CRETT OR			Street 52 BROADWAY			
City New WINDSOR			City NEW York			
State New York	ZIP Code +4 [1255]	State	אזיט עטפי		ZIP Code + 4 1000 4	
5 Position in labor organization		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
A Held an interest in engaged in transamonetary value from an employer who 6 Name and address of Employer (including Name Trade Name if any P O Box Bldg Room No if any Street City	se employees your organizat	ion repre	sents or is actively ure of interest Trans	seeking to repre		
State	ZIP Code + 4	!				
Signature						
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true, correct and complete (See the section on penalties in the instructions.) Signed On 9/1/65 2/2-598-9227						
	γ	<u> </u>	Date		Telephone Number	

Form LM 30 (2003)

	Name of Person Filing DAVID R LICULEY	File Number U				
	B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or tirectly to or otherwise				
	8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer				
}	10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
	Name Trade Name if any P O Box Bidg Room No if any Street City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received				
	State ZIP Code + 4					
		12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any tabor relations consultant to an employer any payment of money or other thing of value						
	13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
	Name AMALGAMATED BANK	HOLIDAM C FT				
	Trade Name If any	HOU DAY C FT				
	PO Box Bldg Room No If any Street 15 UNION SQUARE					
	Street 15 UNION SQUARE City NEW York					
	State New York ZIP Code +4 1003					
	13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				